OCRWD, Inc.

INDUSTRIAL DISCHARGE PERMIT APPLICATION FORM

Note: Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

1. Facility Name: Stericycle, Inc

2. Facility Address:
   Street: One Technology Place
   City: Beaver Dam State: Kentucky Zip: 42320

3. Business Mailing Address:
   Street or P.O. Box: One Technology Place
   City: Beaver Dam State: Kentucky Zip: 42320

4. Designated signatory authority of the facility:
   [Attach similar information for each authorized representative]

   Name: Marty Desper
   Title: Facility Manager
   Address: One Technology Place
   City: Beaver Dam State: Kentucky Zip: 42320
   Phone #: 270-274-5775 270-792-7401

5. Designated facility contact:

   Name: Marty Desper
   Title: Facility Manager
   Phone #: 270-274-5775 270-792-7401

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories*

[ ] Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] Can Making
[ ] Carbon Black
[ ] Coal Mining
[ ] Coil Coating
[ ] Copper Forming
[ ] Electric and Electronic Components Manufacturing
[ ] Electroplating
[ ] Feedlots
[ ] Fertilizer Manufacturing
[ ] Foundries (Metal Molding and Casting)
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Inorganic Chemicals
[ ] Iron and Steel
[ ] Leather Tanning and Finishing
[ ] Metal Finishing
[ ] Nonferrous Metals Forming
[ ] Nonferrous Metals Manufacturing
[ ] Organic Chemicals Manufacturing
[ ] Paint and Ink Formulating
[ ] Paving and Roofing Manufacturing
[ ] Pesticides Manufacturing
[ ] Petroleum Refining
[ ] Pharmaceutical
[ ] Plastic and Synthetic Materials Manufacturing
[ ] Plastics Processing Manufacturing
[ ] Porcelain Enamel
[ ] Pulp, Paper, and Fiberboard Manufacturing
[ ] Rubber
[ ] Soap and Detergent Manufacturing
[ ] Steam Electric
[ ] Sugar Processing
[ ] Textile Mills
[ ] Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):
Operate Three (3) pressurized steam sterization Vessels (Autoclaves) For the purpose of Sterilizing Regulated medical waste. Operate material handing and wash equipment for the Disposal of sharps waste. All operations are conducted in Accordance with Federal, State, and Local Regulations. After sterilization the medical and sharps waste is Then transported to, and subsequently disposed of in an Approved Landfill.

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

a. 4953
b.
c.
d.
e.

4. PRODUCT VOLUME:

PRODUCT (Brandname) (levels with others (and no u.l)	PAST CALENDAR YEAR Amounts Per Day (Daily Units) Average	Maximum	ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units) Average	Maximum
Treated Regulated Medical and Aphis Waste	25 Tons	90 Tons	75 Tons	90 Tons

SECTION D - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

   [X] Yes If the answer to this question is "yes", complete the remainder of the application.

   [ ] No If the answer to this question is "no", skip to Section I.

2. Provide the following information on wastewater flow rate. [New facilities may estimate]

   a. Hours/Day Discharged (e.g., 8 hours/day):

   M 20 T 20 W 20 TH 20 F 17 SAT 0 SUN 3

   b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

   M 12AM To 5PM 9PM To 12AM T 12AM To 5PM 9PM To 12AM W 12AM To 5PM 9PM To 12AM TH 12AM To 5PM 9PM To 12AM F 12AM To 5PM 9PM To 12AM SAT 0 SUN 9PM To 12AM

   c. Peak hourly flow rate (GPD) 1,600

   d. Maximum daily flow rate (GPD) 41,000

   e. Annual daily average (GPD) 19,753

3. If batch discharge occurs or will occur, indicate: [New facilities may estimate]

   a. Number of batch discharges N/A per day

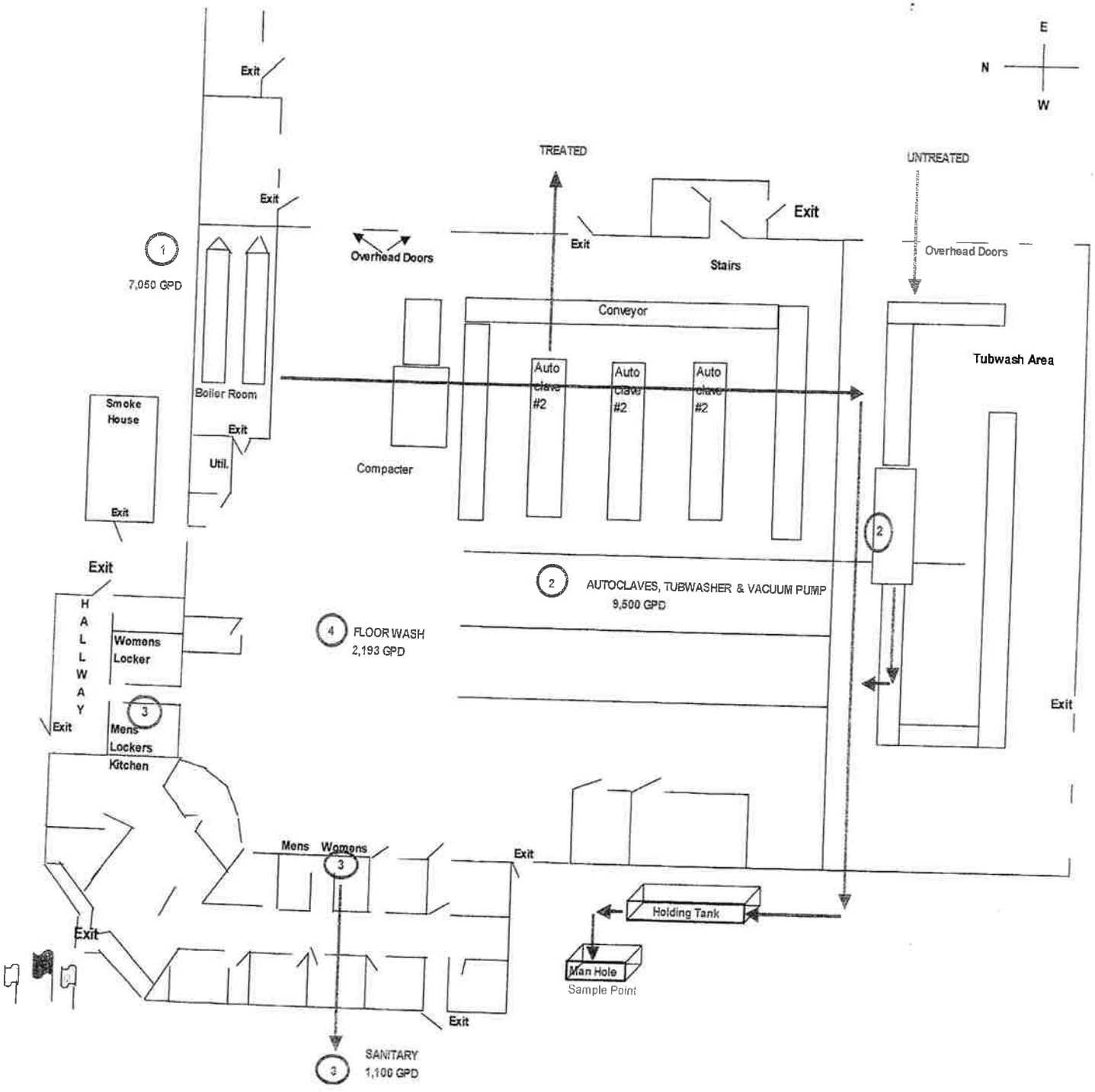
   b. Average discharge per batch N/A (GPD)

   c. Time of batch discharges N/A (days of week) at N/A (hours of day)

   d. Flow rate N/A gallons/minute

   e. Percent of total discharge N/A

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate].



Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
1	Boiler Feed	7,050	8,500	continuous
2	Process	9,500	12,500	continuous
3	Sanitary	1,100	2,000	continuous
4	Washdown	2,193	2,250	continuous

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

[ ] Yes
[X] No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

[ ] Yes
[ ] No NOT Applicable

c. Has a toxic organics management plan (TOMP) been developed?

[ ] Yes, (Please attach a copy)
[ ] No NOT Applicable

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	[X]	Yes	[ ]	No	[ ] N/A
	Sampling Equipment	[X]	Yes	[ ]	No	[ ] N/A
Planned:	Flow Metering	[ ]	Yes	[X]	No	[ ] N/A
	Sampling Equipment	[ ]	Yes	[X]	No	[ ] N/A

If so, please describe the equipment below:

A WATER discharge meter LOCATED ON STERICYCLE property is UTILIZED to determine the WATER discharge flow for the purpose OF daily discharge AMOUNTS AND FOR calculating MASS Loading

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

[X] Yes
[ ] No, (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)
INSTALL MATERICAL HANDLING AND WASH EQUIPMENT FOR THE DISPOSAL OF SHARPS WASTE. THE EFFECT ON THE WASTEWATER VOLUME WILL BE AN INCREASE IN DAILY DISCHARGE OF 1,000 GALLONS (EST) THIS INCREASE HAS BEEN FACTORED INTO THIS PERMIT.

SECTION E - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

Pollutant	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
	Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene			0				
Acrolein			0				
Acrylonitrile			5				
Benzene			5				
Benzidine			0				
Carbon tetrachloride			0				
Chlorobenzene			0				
1,2,4-Trichlorobenzene			0				
Hexachlorobenzene			0				
1,2-Dichloroethane			0				
1,1,1-Trichloroethane			0				
Hexachloroethane			0				
1,1-Dichloroethane			0				
1,1,2-Trichloroethane			0				
1,1,2,2-Tetrachloroethane			0				
Chloroethane			0				
Bis(2-chloroethyl) ether			0				
17 Bis (chloro methyl) ether			0				
2-Chloroethyl vinyl ether			0				
2-Chloronaphthalene			0				
2,4,6-Trichlorophenol			0				
Parachlorometa cresol			0				
Chloroform			5				
2-Chlorophenol			5				
1,2-Dichlorobenzene			0				
1,3-Dichlorobenzene			0				
1,4-Dichlorobenzene			0				
3,3-Dichlorobenzidine			0				
1,1-Dichloroethylene			0				
1,2-Trans-dichloroethylene			0				
2,4-Dichloropheno			0				
1,2-Dichloropropane			0				
1,2-Dichloropropylene			0				
1,3-Dichloropropylene			0				

Pollutant	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
	Conc.	Mass	Conc.	Mass		Conc.	Mass
2,4-Dimethylphenol			0				
2,4-Dinitrotoluene			0				
2,6-Dinitrotoluene			0				
1,2-Diphenylhydrazine			0				
Ethylbenzene			0				
Fluoranthene			0				
4-Chlorophenyl phenyl ether			0				
4-Bromophenyl phenyl ether			0				
Bis(2-chlorisopropyl) ether			0				
Bis(2-chloroethoxy) methane			0				
Methylene chloride			0				
Methyl chloride			0				
Methyl bromide			0				
Bromoform			0				
Dichlorobromomethane			0				
Chlorodibromomethane			0				
Hexachlorobutadiene			0				
Hexachlorocyclopentadiene			0				
Isophorone			0				
Naphthalene			5				
Nitrobenzene			0				
Nitrophenol			0				
2-Nitrophenol			0				
4-Nitrophenol			0				
2,4-Dinitrophenol			0				
4,6-Dinitro-o-cresol			0				
N-nitrosodimethylamine			0				
N-nitrosodiphenylamine			0				
N-nitrosodi-n-propylamine			0				
Pentachlorophenol			0				
Phenol			0				
Bis(2-ethylhexyl) phthalate			5				
Butyl benzyl phthalate			5				
Di-n-butyl phthalate			0				

Pollutant	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
	Conc.	Mass	Conc.	Mass		Conc.	Mass
Di-n-octyl phthalate			0				
Diethyl phthalate			5				
Dimethyl phthalate			0				
Benzo(a)anthracene			0				
Benzo(a)pyrene			0				
3,4-benzofluoranthene			0				
Benzo(k) fluoranthane			0				
Chrysene			0				
Acenaphthylene			0				
Anthracene			0				
Benzo(ghi)perylene			0				
Fluorene			0				
Phenanthrene			0				
Dibenzo(a,h)anthracene			0				
Indeno(1,2,3-cd)pyrene			0				
Pyrene			0				
Tetrachloroethylene			0				
Toluene			0				
Trichloroethylene			5				
Vinyl chloride			0				
Aldrin			0				
Dieldrin			0				
Chlordane			0				
4,4'-DDT			0				
4,4'-DDE			0				
4,4'-DDD			0				
Alpha-endosulfan			0				
Beta-endosulfan			0				
Endosulfan sulfate			0				
Endrin			0				
Endrin aldehyde			0				
Heptachlor			0				

Pollutant	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
	Conc.	Mass	Conc.	Mass		Conc.	Mass
Heptachlor epoxide			0				
Alpha-BHC			0				
Beta-BHC			0				
Gamma-BHC			0				
Delta-BHC			0				
PCB-1242			0				
PCB-1254			0				
PCB-1221			0				
PCB-1232			0				
PCB-1248			0				
PCB-1260			0				
PCB-1016			0				
Toxaphene			0				
(TCDD)			0				
Asbestos			0				
Acidity			0				
Alkalinity			P				
Bacteria			S				
BOD_5			49.49		4*		
COD			1126		4*		
Chloride			P				
Chlorine			P				
Flouride			S				
Hardness			P				
Magnesium			P				
NH_3-N			14.65		4*		
Oil and Grease			11.75		4*		
TSS			108.4		4*		
TOC			S				
Kjeldahl N			S				
Nitrate N			S				
Nitrite N			0				
Organic N			S				
Orthophosphate P			S				
Phosphorous			S				

Pollutant	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
	Conc.	Mass	Conc.	Mass		Conc.	Mass
Sodium			P				
Specific Conductivity			P				
Sulfate (SO_4)			S				
Sulfide (S)			0				
Sulfite (SO_3)			S				
Antimony			S				
Arsenic			bdl				
Barium			S				
Beryllium			S				
Cadmium			bdl				
Chromium			bdl				
Copper			0.139		4*		
Cyanide			bdl				
Lead			0.007		4*		
Mercury			0.00031		4*		
Nickel			bdl				
Selenium			S				
Silver			bdl				
Thallium			S				
Zinc			S				

* Based on 4, 24 Hour... composite samples

Bdl - Below detectable limits

SECTION F - TREATMENT

1. Is any form of wastewater treatment practiced at this facility?

[ ] Yes
[X] No

2. Is any form of wastewater treatment (or changes to a existing wastewater treatment) planned for this facility within the next three years?

[ ] Yes, describe: _____
[X] No

3. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

4. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

NOT Applicable

NOT Applicable

5. Do you have a treatment operator? [ ] Yes [X] No

(if Yes,) Name: _____
Title: _____

Phone: _____

Full time: _____ (specify hours)

Part time: _____ (specify hours)

6. Do you have a manual on the correct operation of your treatment equipment?
[ ] Yes [ ] No NOT Applicable

7. Do you have a written maintenance schedule for your treatment equipment?
[ ] Yes [ ] No NOT Applicable

SECTION G - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

		[X] Mon.	[X] Tues.	[X] Wed.	[X] Thur.	[X] Fri.	[ ] Sat.	[ ] Sun.
Work Days								
Shifts per work day:		2	2	2	2	2		
Empl's per shift:	1st	11	11	11	11	11		
	2nd							
	3rd	11	11	11	11	11		
Shift start and end times:	1st	7:00 - 5:00	7:00 - 5:00	7:00 - 5:00	7:00 - 5:00	7:00 - 5:00		
	2nd							
	3rd	9pm 7AM	9pm 7AM	9pm 7AM	9pm 7AM	9pm 7AM		

2. Indicate whether the business activity is:

[X] Continuous through the year, or
[ ] Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

3. Indicate whether the facility discharge is:

[X] Continuous through the year, or
[ ] Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

[ ] Yes, indicate reasons and period when shutdown occurs:

[X] No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

NOT Applicable

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
Boiler water chemical	18 Gallons per month
Detergents	55 Gallons per month
Bleach	25 Gallons per month
Salt for water treatments	750 Gallons per month
Soap for sanitary purposes	Insignificant Amount

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Show existing and proposed sampling locations.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.